

20. Cultural Qualification { Synthesizer Vadak / Classical Singer (enclosed self attested photocopies) } :

Qualification acquired	Year	Institution	Recognised by	Degree/Diploma/Certificate No.

21. Awards, Prizes won at National, state, & other levels, if any and experience in the field and performance given on all India Radio/Doordarshan, etc. (self attested photocopies enclosed) :-

Sr. No.	Event/ Occasions in which participated	Year	Positions/Awards, if any	Certificate No & Date
(A)	Participation at National Level			
(B)	Participation at State Level			
(C)	Participation at Other Levels			
(D)	Performance given on All India Radio (AIR)			
(E)	Performance given on Doordashan			

22. TICK (✓) the appropriate columns if applicable (enclosed self attested copy of certificates in supports of claim) :-

Ex-service man	Person With Disabilities			Widowed/ Divorced/ Judicially Separated	Economically Weaker Section	Service Railway Employee	Staff of Quasi Administrative Office of Railway	Resident of Jammu Kashmir
	OH	VH	HH					

23. Please copy the following declaration in the space provided in your own running handwriting (Not Capital Letters) (* Not filling up the passage below/filling in capital letters will disqualify the applicant)

"I hereby declare that all the particulars given above by me are true, complete and correct to the best of my knowledge and belief. I am aware that in the event that any information furnished by me is found false/ incorrect at any stage, my candidature will be rejected summarily and I shall also be held liable for criminal action. I will abide by the instructions given in the notification."

.....

.....

.....

.....

.....

Left Thumb Impression of candidate in this box



Signature of the Candidate
(Not in Capital letters, if signed in English)

Date : Place:



The candidates are required to obtain caste certificates in the proper proforma from the appropriate authority and produce the original certificate at the time of verification, failing which he/she may be disqualified. This is strictly required vide Chapter 13 of the Brochure (Published by Govt. of India, Ministry of Personnel, Public Grievances & Pensions Department of Personnel Training, New Delhi). As large number of candidates are producing certificates issued by authority different from the appropriate authority, they are advised to strictly comply with the instructions.

Annexure - 2**FORMAT OF CASTE CERTIFICATE FOR SC/ST CANDIDATES**

(Form of certificate to be produced by Candidate applying for appointment to Post under the Govt. of India SC/ST)

This is to certify that Shri/Smt./Kum*_____ Son/Daughter* of
 _____ Of _____ village/town*
 District/Division* _____ Of State/Union Territory* _____ belongs to the
 _____ Caste/Tribe* which is recognized as a Scheduled

Caste/Scheduled Tribe* under:

1. The Constitution (Scheduled Caste) order, 1950
 2. The Constitution (Scheduled Tribes) order, 1950
 3. The Constitution (Scheduled Caste) (Union Territories) order, 1951
 4. The Constitution (Scheduled Tribes) (Union Territories) order, 1951(as amended by the Scheduled Caste and Scheduled Tribes Lists Modification), Order, 1956 the Bombay Reorganisation Act 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas Re-organisation Act, 1971, and the Scheduled Tribes Order (Amendment) Act, 1976.
 5. The Constitution (Jammu and Kashmir) Scheduled Caste Order, 1956.
 6. The constitution (Jammu and Kashmir) Scheduled Tribe Order 1956
 7. The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amendment by the scheduled tribes caste and scheduled amendment act 1976.
 8. The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order, 1962
 9. The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order, 1962
 10. The Constitution (Pondicherry) Scheduled Castes Order, 1964
 11. The Constitution Scheduled Tribes (Uttar Pradesh) order, 1967
 12. The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968
 13. The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968
 14. The Constitution (Nagaland) Scheduled Tribes Order, 1970
 15. The Constitution (Sikkim) Scheduled Caste Order, 1978
 16. The Constitution (Sikkim) Scheduled Tribes Order, 1978
 17. The Constitution (Jammu and Kashmir) Scheduled Tribes Order, 1989
 18. The Constitution (Scheduled Castes) Order(Amendment) Act, 1990
 19. The Constitution (Scheduled Tribes) Order(Amendment) Ordinance, 1991
 20. The Constitution (Scheduled Castes) Order(Second Amendment) Act, 1991
 21. The Constitution (Scheduled Tribes) Order(Amendment) Ordinance, 1996
2. Shri / Smt / Kum.*----- and of his/her* family ordinarily reside(s) in village/town* -----of----- District/Division of State/Union Territory of-----

Place-----
 date-----

Signature-----
 Designation(with seal of office) -----

(* Please delete the words which are not applicable (*))

Please quote specific presidential order (*). Delete the Paragraph which is not applicable.

Note: The term * **Ordinarily resides*** used will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950.



OBC CERTIFICATE

Form of Certificate to be produced by Other Backward Classes applying for appointment to posts under the Government of India.

This is to certify that Shri/Smt./ Kumari son/daughter of of village/town..... District/Divisionin the State/ Union Territory..... belongs to thecommunity which is recognized as a backward class under the Government of India, Ministry of Social Justice and Empowerment's Resolution No dated *Shri/Smt/Kumari and/or his/her family ordinarily reside(s) in the District/Division of the State/ Union Territory. This is also to certify that he/she does not belong to the persons/sections (**Creamy Layer**) mentioned in column 3 of the Schedule to the Government of India, Department of Personnel & Training OM NO.36012/22/93 -Estt (SCT), dated 8.9.1993**

Dated:

**District Magistrate/
Dy. Commissioner etc.
(with Seal of Office)**

Seal

* The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

** -As amended from time to time.

Note.: The term 'ordinarily' used here will have the same meaning as in section 20 of the Representation of Peoples Act., 1950. State/ Union Territory. This is also to certify that he/she does not belong to the persons/sections (**Creamy Layer**) mentioned in column 3 of the

**NON-CREAMY LAYER DECLARATION TO BE SUBMITTED BY OBC
CANDIDATES**

Proforma for declaration to be submitted by Other Backward Class Candidates alongwith the application form.

DECLARATION

"I son/daughter..... Resident.....of.....Village/town/citydistrict.....State..... hereby declare that I belong to the (indicate your sub caste) community which is recognized as a backward class by the Government of Indian for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No. 36012/22/93-Estt.(SCT) dated 08.09.1993. It is also declared that I do not belong to persons/sections (creamy Layer) mentioned in column 3 of the Schedule to the above referred Office Memorandum dated 08.09.1993 and its subsequent through O.M. No. 36033/3/2004-Estt.(Res) dated 09.03.2004."

Place :

Signature of the Candidate

Date :

Name of the candidate

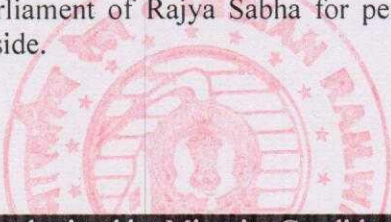


INCOME CERTIFICATE TO BE SUBMITTED BY ECONOMICALLY BACKWARD CANDIDATE FOR WAIVING EXAMINATION FEES

1. Name of candidate :
2. Father's Name :
3. Age :
4. Residential Address :
5. Annual Family Income :
(In words & Figures)
6. Date of Issue :
7. Signature : _____
(Name)
8. Stamp of Issuing Authority :

Note – Economically backward classes will mean the candidates whose family income is less than Rs. 50000/- per annum. The following authorities are authorized to issue income certificates for the purpose of identifying economically backward classes:-

- (i) District Magistrate or any other Revenue Officer upto to level of Tehsildar.
- (ii) Sitting Member of Parliament of Lok Sabha for persons of their own constituency.
- (iii) BPL Card or any other certificate issued by Central Government under a recognized poverty alleviation programme or Izzat MST issued by Railways.
- (iv) Union Minister may recommend any person from anywhere in the country to RRC.
- (v) Sitting Member of Parliament of Rajya Sabha for persons of the district in which these MPs normally reside.



Proforma for declaration to be submitted by Minority Candidates along with the application for the posts against Employment Notice No. 05/2019 (Cultural/RRC/NWR)

DECLARATION

"I.....son/daughter of Shri resident..... of.....Street.....Village/Town/City..... District..... State..... hereby declare that I belong to the (indicate minority community notified by Central Government i.e. Muslim/Sikh/Christian/Buddhist/Jains/Parsis).

Place :

Date :

Signature of the Candidate

Name of the Candidate

Note: At the time of document verification such candidates claiming waiver of examination fee will be required to furnish 'Minority Community Declaration' affidavit on Non Judicial Stamp paper that he/she belongs to any of the minority. Community notified by Central Government (i.e. Muslim/Sikh/Christian/Buddhist/Parsis)



MEDICAL CERTIFICATE FOR PERSONS WITH DISABILITIES (PWD)

NAME AND ADDRESS OF THE INSTITUTE/HOSPITAL

DISABILITY CERTIFICATE

Certificate No.

Date :

1. This is certified that Smt/Shri/Kum.....son/daughter of Shri.....age, sex Male/Female having identification marks as below is suffering from permanent disability of following category :

Paste here your recent colour photograph showing the disability (the photograph should be attested by the Chairperson of the Medical Board)

A. Locomotor or cerebral palsy:

(i) BL- Both legs affected but not arms.

(ii) BA- Both arms affected

(iii) OL- One leg affected (right or left)

(iv) OA- One arm affected (right or left)

(v) BH- Stiff Back and hips (cannot sit or stoop)

(vi) MW- Muscular Weakness and limited physical endurance.

B. Blindness or Low Vision:

(i) B- Blind (ii) PB- Partially Blind

(Delete the category which is not applicable)

(a) Impaired reach
(b) Weakness of grip.

(a) Impaired reach
(b) Weakness of grip
(c) Ataxic

(a) Impaired reach
(b) Weakness of grip
(c) Ataxic

C. Hearing Impairment:

(i) D- Deaf (ii) PD-Partially Deaf.

Signature of the candidate in the above box below the photograph

2. This condition is progressive/non-progressive/likely to improve/not likely to improve. Re-assessment of this case is not recommended / is recommended after a period of year Months.

3. Percentage of disability in his / her case is Percent.

4. Smt./Shri/Kum..... meets the following physical requirement for discharge of his/her duties.

- | | | |
|---|-----|----|
| (i) F-can perform work by manipulating with fingers | Yes | No |
| (ii) PP-can perform work by pulling and pushing | Yes | No |
| (iii) L--can perform work by lifting | Yes | No |
| (iv) KC-can perform work by kneeling and crouching | Yes | No |
| (v) B-can perform work by bending | Yes | No |
| (vi) S-can perform work by sitting | Yes | No |
| (vii) ST-can perform work by standing | Yes | No |
| (viii) W-can perform work by walking | Yes | No |
| (ix) SE-can perform work by seeing | Yes | No |
| (x) H-can perform work by hearing speaking | Yes | No |
| (xi) RW-can perform work by reading and writing | Yes | No |

(Signature of Doctor)

Name:

Registration No.:

Member Medical Board

(Signature of Doctor)

Name:

Registration No.:

Member Medical Board

(Signature of Doctor)

Name:

Registration No.:

Chairperson Medical Board

* Please delete the words which are not applicable

Place :

Date :

Counter Signature of the Medical Superintendent/DMO/Head of Hospital (with seal)

Note : (i) According to the Person with Disabilities (Equal Opportunities, Protection of Rights and Full participation) Rules, 1996 notified on 31.12.1996 by the Central Government in exercise of the powers conferred by sub-section (1) and (2) of Section 73 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (1 of 1996), authorities to give disability Certificate will be a Medical Board duly constituted by the Central or the State Government. The State Government may constitute a Medical Board consisting of at least three members out of which at least one shall be a mental retardation and leprosy cured, as the case may be.

(ii) The certificate would be valid for a period of 5 years for those whose disability is temporary. For those who acquired permanent disability, the validity can be shown as permanent.

